

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse from **May 1<sup>st</sup> through 15<sup>th</sup>**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

OMB Approval No. 0348-0043

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 05/15/03		Applicant Identifier	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION

Legal Name: Jobs For Progress, Inc.-Fresno County SER		Organizational Unit: SER-Jobs For Progress, Inc.	
Address (give city, county, State and zip code): 407 S. Clovis, Suite 109 Fresno, CA 93727		Name and telephone number of the person to be contacted on matters involving this application (give area code): Rebecca Mendibles (559) 452-0881	

6. EMPLOYER IDENTIFICATION NUMBER (EIN):  
94-2188609

7. TYPE OF APPLICANT: (enter appropriate letter in box) ☒ N

A. State	H. Independent School Dist.
B. County	I. State Controlled Institution of Higher Learning
C. Municipal	J. Private University
D. Township	K. Indian Tribe
E. Interstate	L. Individual
F. Intermunicipal	M. Profit Organization
G. Special District	N. Other (Specify): NON-PROFIT ORG

8. TYPE OF APPLICATION: ☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es): ☐ ☐

A. Increase Award	B. Decrease Award	C. Increase Duration
D. Decrease Duration	Other (specify):	

9. NAME OF FEDERAL AGENCY:  
Dept. of Labor - Employment & Training Adm..

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  
17-247  
TITLE: National Farmworker Jobs Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  
SER National Farmworker Jobs Program

12. AREAS AFFECTED BY PROJECT (cities, counties, States, etc.):  
Fresno City, Fresno County, California State

13. PROPOSED PROJECT:

Start Date 07/01/03	Ending Date 06/30/04
------------------------	-------------------------

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant SER-Jobs For Progress, Inc.	b. Project SER NFJP
---	------------------------

15. ESTIMATED FUNDING:

a. Federal	\$3,075,653	.00
b. Applicant	\$	.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$3,075,653	.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE 05/16/03

b. NO. ☐ PROGRAM IS NOT COVERED BY E.O. 12372  
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  
☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Typed Name of Authorized Representative Rebecca Mendibles	b. Title Executive Director	c. Telephone number (559) 452-0881
d. Signature of Authorized Representative <i>Rebecca Mendibles</i>	e. Date Signed 05/15/03	

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7671

Date 5/14/03	# of pages 1
To STATE CLEARING HOUSE	From SER-Jobs for Progress
Co./Dept. Planning & Research	Co.
Phone # 916-445-0613	Phone # (559) 452-0881
Fax #	Fax #

# Application for Federal Assistance

U.S. Department of Housing  
and Urban Development

OMB Approval No.2501-0017 (exp. 03/31/2005)

1. Type of Submission

☒ Application

☐ Preapplication

2. Date Submitted

5/12/2003

4. HUD Application Number

3. Date and Time Received by HUD

5. Existing Grant Number

6. Applicant Identification Number

7. Applicant's Legal Name

Mercy Housing California

8. Organizational Unit

9. Address (give city, county, State, and zip code)

A. Address: 500 S. Main Street, Suite 110

B. City: Orange

C. County: Orange

D. State: CA

E. Zip Code: 92868

10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes)

A. Name: Dara Kovel

B. Title: Assistant Secretary

C. Phone: 714-550-5080

D. Fax: 714-550-5085

E. E-mail: dkovel@mercyhousing.org

11. Employer Identification Number (EIN) or SSN

94-3081666

12. Type of Applicant (enter appropriate letter in box)

N

A. State

I. University or College

B. County

J. Indian Tribe

C. Municipal

K. Tribally Designated Housing Entity (TDHE)

D. Township

L. Individual

E. Interstate

M. Profit Organization

F. Intermunicipal

N. Non-profit

G. Special District

O. Public Housing Authority

H. Independent School District

P. Other (Specify)

13. Type of Application

☒ New ☐ Continuation ☐ Renewal ☐ Revision

If Revision, enter appropriate letters in box(es)

A. Increase Amount B. Decrease Amount C. Increase Duration

D. Decrease Duration E. Other (Specify)

14. Name of Federal Agency

U.S. Department of Housing and Urban Development

15. Catalog of Federal Domestic Assistance (CFDA) Number

14 --- 157

Title: HUD Section 202

Component Title:

16. Descriptive Title of Applicant's Program

New Dana Strand Senior Homes

99 one-bedroom, very low income, service-enriched units for seniors and 1 two-bedroom manager's unit.

17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.)

City of Los Angeles

Los Angeles County

18a. Proposed Program start date

12/01/2003

18b. Proposed Program end date

12/01/2005

19a. Congressional Districts of Applicant

District 8

19b. Congressional Districts of

District 36

20. Estimated Funding: **Applicant must complete the Funding Matrix on Page 2.**

21. Is Application subject to review by State Executive Order 12372 Process?

A. Yes ☒ This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date 05/12/03

B. No ☐ Program is not covered by E.O. 12372

☐ Program has not been selected by State for review.

22. Is the Applicant delinquent on any Federal debt?

☒ No

☐ Yes If "Yes," explain below or attach an explanation.

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## Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
HUD 202	\$11,965,288	\$10,000	\$1,483,975	\$0	\$0	\$525,000	\$295,422	\$0	\$14,279,685
<b>Grand Totals</b>	\$11,965,288	\$10,000	\$1,483,975	\$0	\$0	\$525,000	\$295,422	\$0	\$14,279,685

\* For FHIPs, show both initiative and component

## Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

23. Signature of Authorized Official

Name (printed)

Dara Kovel

Title

Date (mm/dd/yyyy)

Assistant Secretary

05/12/03

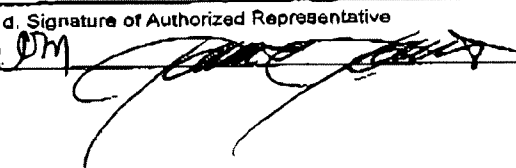
OMB Approval No. 0346-0043

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED 5/22/03	Applicant Identifier
<input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
6. APPLICANT INFORMATION			
Legal Name: Tri-County Economic Development Corporation		Organizational Unit:	
Address (give city, county, State, and zip code): 2540 Esplanade, Suite 7 Chico, Butte County, CA 95973		Name and telephone number of person to be contacted on matters involving this application (give area code): Marc Nemanic 530-893-8732	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0065873		7. TYPE OF APPLICANT: (enter appropriate letter in box) N	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) EDD	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Economic Development Support for me: Planning Organization		8. NAME OF FEDERAL AGENCY: U.S. Department of Commerce, Economic Development Administration	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Butte, Glenn & Tehama Counties and the Incorporated Cities therein		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Implementation of long-range economic development program designed to encourage new employment opportunities and to foster a stable and diversified local economy and improved local conditions so as to alleviate the substantial unemployment/underemployment in the Tri-County region of Butte, Glenn & Tehama	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 7/1/03	Ending Date 6/30/04	a. Applicant 2	
15. ESTIMATED FUNDING:		b. Project 2	
a. Federal	\$ 67,000.00	IS THIS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
b. Applicant	\$	YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 5/13/03	
c. State	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 22,334.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$		
g. TOTAL	\$ 89,334.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Marc Nemanic		c. Telephone Number 530-893-8732	
d. Signature of Authorized Representative		e. Date Signed 5/23/03	

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Authorized for Local ReproductionStandard Form 424 (Rev. 7-97)  
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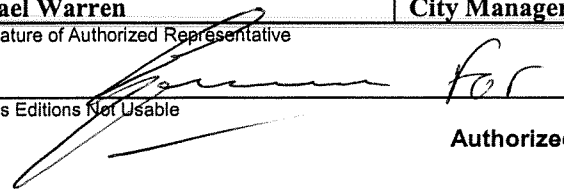
# Application for Federal Assistance

1. Type of Submission: Application: Not Applicable Preapplication:		2. Date Submitted 05/15/03		Applicant Identifier B-03-UC-06-0507	
		3. Date Received by State		State Application Identifier 95004804	
		4. Date Received by Federal Agency		Federal Identifier	
5. Applicant Information					
Legal Name County of Ventura			Organizational Unit County Executive Office		
Address 800 South Victoria Avenue, L# 1940 Ventura, CA 93009  Ventura			Contact Christy Madden (805) 654-2876		
6. Employer Identification Number (EIN): 956000944			7. Type of Applicant:  <del>Consortium</del> County		
8. Type of Application: Type: Continuation					
			9. Name of Federal Agency: U.S. Dept. of Housing & Urban Development		
10. Catalog of Federal Domestic Assistance Number: Catalog Number: 14.218 Assistance Title: HUD Community Development Block Grant			11. Descriptive Title of Applicant's Project: Ventura County 2003 Annual Plan - Community Development Block Grant Program		
12. Areas Affected by Project: Ventura County CDBG Entitlement Area					
13. Proposed Project:		14. Congressional Districts of:			
Start Date 07/01/03	Start Date 06/30/04	a. Applicant 23rd and 24th		b. Project 23rd and 24th	
15. Estimated Funding:		16. Is Application Subject to Review by State Executive Order 12372 Process?			
a. Federal	\$2,496,000	Review Status: Program covered Date: 04/10/03			
b. Applicant	\$0				
c. State	\$0	17. Is the Applicant Delinquent on Any Federal Debt? No			
d. Local	\$0				
e. Other	\$0				
f. Program Income	\$264,000				
g. Total	\$ 2,760,000				
18. To the best of my knowledge and belief, all data in this application/preapplication are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.					
a. Typed Name of Authorized Representative John F. Johnston		b. Title County Executive Officer		c. Telephone Number (805) 654-2681	
d. Signature of Authorized Representative 				e. Date Signed 05/06/03	

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STATE CLEARING HOUSE

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		2. DATE SUBMITTED <b>April 2003</b>		Applicant Identifier	
1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction    Preapplication <input type="checkbox"/> Construction  <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: <b>City of Redding, California</b>			Organizational Unit: <b>Benton Airpark</b>		
Address (give city, county, state, and zip code) <b>777 Cypress Avenue Redding, CA 96001 Shasta County</b>			Name and telephone number of the person to be contracted on matters involving this application (give area code) <b>Rod A. Dinger, Airports Manager (530) 224-4321</b>		
EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;">9</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">4</div> - <div style="border: 1px solid black; padding: 2px; display: inline-block;">6</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">0</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">0</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">0</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">4</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">0</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div>			7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="border: 1px solid black; padding: 2px; display: inline-block; float: right;">C</div>		
8. TYPE OF APPLICATION:  <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision  If Revision, enter appropriate letter(s) in box(es): A Increase Award    B Decrease Award    C Increase Duration D Decrease Duration    Other (specify) <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; vertical-align: middle;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; vertical-align: middle;"></div>			<div style="border: 1px solid black; padding: 5px; float: right; text-align: center;"> <b>RECEIVED</b>   <b>MAY 13 2003</b> </div>		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;">2</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">0</div> . <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">0</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">6</div>			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 1. <b>Land Acquisition – Phase I</b> 2. <b>Security Fencing – Phase III</b> 3. <b>Runway 15-33 Safety Area Design – Phase I</b> 4. <b>Drainage Master Plan &amp; Improvements – Phase I</b>		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): <b>City of Redding, Anderson and Red Bluff; Counties of Shasta, Tehama, Trinity, Siskiyou, Modoc, and Lassen; State of California</b>					
13. PROPOSED PROJECT Start Date <b>6/1/03</b> Ending Date <b>5/31/04</b>		14. CONGRESSIONAL DISTRICTS OF a. Applicant <b>#02</b> b. Project <b>#02</b>			
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS			
a. Federal    \$ <b>459,000</b> .00		a. YES,    THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON			
b. Applicant    \$ <b>0</b> .00		DATE: <b>4/7/03</b>			
c. State    \$ <b>22,950</b> .00		b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372			
d. Local    \$ <b>28,050</b> .00		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
e. Other    \$ <b>0</b> .00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
f. Program income    \$ <b>0</b> .00		<input type="checkbox"/> Yes    If yes, attach an explanation <input checked="" type="checkbox"/> No			
g. TOTAL    \$ <b>510,000</b> .00					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED					
a. Typed Name of Authorized Representative <b>Michael Warren</b>		b. Title <b>City Manager</b>		c. Telephone number <b>(530) 225-4060</b>	
d. Signature of Authorized Representative 				e. Date Signed <b>5-7-03</b>	

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Prescribed by OMB Circular A-102

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		2. DATE SUBMITTED <b>April 2003</b>		Applicant Identifier	
1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Construction  <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
<b>5. APPLICANT INFORMATION</b>					
Legal Name: <b>City of Redding, California</b>			Organizational Unit: <b>Redding Municipal Airport</b>		
Address (give city, county, state, and zip code) <b>777 Cypress Avenue Redding, CA 96001 Shasta County</b>			Name and telephone number of the person to be contracted on matters involving this application (give area code) <b>Rod A. Dinger, Airports Manager (530) 224-4321</b>		
EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 5px; display: inline-block;">9 4 - 6 0 0 0 4 0 1</div>			7. TYPE OF APPLICANT: (enter appropriate letter in box) <span style="border: 1px solid black; padding: 2px;"><b>C</b></span> A. State      H. Interdependent School District B. County      I. State Controlled Institution of Higher Learning C. Municipal      J. Private University D. Township      K. Indian Tribe E. Interstate      L. Individual F. Intermunicipal      M. Profit Organization G. Special District      N. Other (Specify)		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision  If Revision, enter appropriate letter(s) in box(es): A Increase Award      B Decrease Award      C Increase Duration D Decrease Duration      Other (specify)			9. NAME OF FEDERAL AGENCY <b>Federal Aviation Administration</b>		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER <div style="border: 1px solid black; padding: 5px; display: inline-block;">2 0 . 1 0 6</div>			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 1. <b>Land Acquisition – Phase I</b> 2. <b>Construct ARFF Facility – Phase II</b> 3. <b>Operational Security Costs</b> 4. <b>General Aviation Apron Reconstruction – Phase II</b> 5. <b>Fire Protection Waterline</b>		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): <b>City of Redding, Anderson and Red Bluff; Counties of Shasta, Tehama, Trinity, Siskiyou, Modoc, and Lassen; State of California</b>		13. PROPOSED PROJECT Start Date: <b>6/1/03</b> Ending Date: <b>5/31/04</b>			
14. CONGRESSIONAL DISTRICTS OF a. Applicant <b>#02</b>		b. Project <b>#02</b>			
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS			
a. Federal      \$ <b>13,650,000</b> .00		a. YES,      THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON			
b. Applicant      \$ <b>0</b> .00		DATE: <b>4/14/03</b>			
c. State      \$ <b>0</b> .00		b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372			
d. Local      \$ <b>1,510,000</b> .00		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
e. Other      \$ <b>0</b> .00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
f. Program income      \$ <b>0</b> .00		<input type="checkbox"/> Yes      If yes, attach an explanation <input checked="" type="checkbox"/> No			
g. TOTAL      \$ <b>15,160,000</b> .00		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED			
a. Typed Name of Authorized Representative <b>Michael Warren</b>		b. Title <b>City Manager</b>		c. Telephone number <b>(530) 225-4060</b>	
d. Signature of Authorized Representative 		e. Date Signed <b>5-7-03</b>			



# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> April 23, 2003		Applicant Identifier	
<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier			
<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier			

<b>5. APPLICANT INFORMATION</b>					
<b>Legal Name:</b> Southern California Presbyterian Homes			<b>Organizational Unit:</b> Affordable Housing		
<b>Address (give city, county, State, and zip code):</b> 516 Burchett Street Glendale, CA 91203			<b>Name and telephone number of person to be contacted on matters involving this application (give area code):</b> Sylvia Karl, (562) 928-2703 <b>E-mail:</b> sylvia.karl@aol.com		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">           95 - 1894293         </div>			<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="text-align: right; border: 1px solid black; padding: 2px; display: inline-block;"> <b>N</b> </div>		
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other(specify): _____			<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;">           A. State            B. County            C. Municipal            D. Township            E. Interstate            F. Intermunicipal            G. Special District         </div> <div style="width: 50%;">           H. Independent School Dist.            I. State Controlled Institution of Higher Learning            J. Private University            K. Indian Tribe            L. Individual            M. Profit Organization            N. Other (Specify) <u>Non-profit</u> </div> </div>		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">           11 - 552         </div> <b>TITLE:</b> Technology Opportunities Program			<b>9. NAME OF FEDERAL AGENCY:</b> National Telecommunications and Information Administration		
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> CA: San Diego, Orange, LA, Ventura Counties; AZ state; NV state			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Abilities for Resident Service Coordinators <div style="text-align: center; border: 1px solid black; padding: 5px; margin-top: 10px;"> <b>RECEIVED</b>  <b>MAY 12 2003</b> </div>		
<b>13. PROPOSED PROJECT</b> Start Date: 10/1/03    Ending Date: 9/30/05		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant: CA - 29 b. Project: CA: 22-40, 42, 44, 46-53; AZ: 1-8; NV: 1-3			
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>			
a. Federal	\$	658,256 <sup>00</sup>		a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>04/23/03</u>	
b. Applicant	\$	805,539 <sup>00</sup>		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$	<sup>00</sup>		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
d. Local	\$	<sup>00</sup>			
e. Other	\$	<sup>00</sup>			
f. Program Income	\$	<sup>00</sup>			
g. TOTAL	\$	1,463,795 <sup>00</sup>			

<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>		
a. Type Name of Authorized Representative Sylvia Karl	b. Title Director of Social Services	c. Telephone Number (562) 928-2703
d. Signature of Authorized Representative 		e. Date Signed 4/23/03

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> April 23, 2003	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

**5. APPLICANT INFORMATION**  

<b>Legal Name:</b> OCCUR (Oakland Citizens Comm. for Urban Renewal)	<b>Organizational Unit:</b>
<b>Address (give city, county, State, and zip code):</b> 1330 Broadway, Suite 1030, Oakland, CA 94612 Alameda County	<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>

<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">             9 4 — 2 1 8 9 2 4 5           </div>	<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="text-align: right; border: 1px solid black; width: 30px; float: right; margin-top: -20px;">M</div> <div style="clear: both;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;">           A. State            B. County            C. Municipal            D. Township            E. Interstate            F. Intermunicipal            G. Special District         </div> <div style="width: 48%;">           H. Independent School Dist.            I. State Controlled Institution of Higher Learning            J. Private University            K. Indian Tribe            L. Individual            M. Profit Organization            N. Other (Specify) _____         </div> </div>
---	--

<b>8. TYPE OF APPLICATION:</b> <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New           <input type="checkbox"/> Continuation           <input type="checkbox"/> Revision         </div> If Revision, enter appropriate letter(s) in box(es) <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other(specify): _____	<b>9. NAME OF FEDERAL AGENCY:</b> Department of Commerce, NTIA
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<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="text-align: center; border: 1px solid black; padding: 2px; display: inline-block;">             1 1 — 5 5 2           </div> <b>TITLE:</b> Technology Opportunity Program, NTIA, DOC	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> GO DEEP! (Greater Oakland Gigital Education Empowerment Proj.)
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<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Greater Oakland Area, Alameda County, CA	<div style="border: 2px solid black; padding: 10px; width: 150px; margin: 0 auto;"> <b>RECEIVED</b>   <b>MAY 12 2003</b> </div> <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 5px auto;">         STATE CLEARING HOUSE       </div>
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<b>13. PROPOSED PROJECT</b> <table style="width:100%;"> <tr> <td style="width:20%;">Start Date</td> <td style="width:20%;">Ending Date</td> <td style="width:60%;">a. Applicant</td> </tr> <tr> <td>10/1/03</td> <td>9/30/06</td> <td>California - 9</td> </tr> </table>	Start Date	Ending Date	a. Applicant	10/1/03	9/30/06	California - 9	<b>14. CONGRESSIONAL DISTRICTS OF:</b> <table style="width:100%;"> <tr> <td style="width:60%;">b. Project</td> <td style="width:40%;">California - 9</td> </tr> </table>	b. Project	California - 9
Start Date	Ending Date	a. Applicant							
10/1/03	9/30/06	California - 9							
b. Project	California - 9								

<b>15. ESTIMATED FUNDING:</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%; text-align: right;">700,000</td> <td style="width:10%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">1,409,135</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;"></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;"></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;"></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;"></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">2,109,135</td> <td style="text-align: right;">.00</td> </tr> </table>	a. Federal	\$	700,000	.00	b. Applicant	\$	1,409,135	.00	c. State	\$		.00	d. Local	\$		.00	e. Other	\$		.00	f. Program Income	\$		.00	g. TOTAL	\$	2,109,135	.00	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>04/23/03</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	700,000	.00																										
b. Applicant	\$	1,409,135	.00																										
c. State	\$		.00																										
d. Local	\$		.00																										
e. Other	\$		.00																										
f. Program Income	\$		.00																										
g. TOTAL	\$	2,109,135	.00																										

<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes    If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
--	--

**18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.**

a. Type Name of Authorized Representative David Glover	b. Title Executive Director	c. Telephone Number (510) 839-2440
d. Signature of Authorized Representative 		e. Date Signed 04/22/03

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> April 23, 2003	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier	

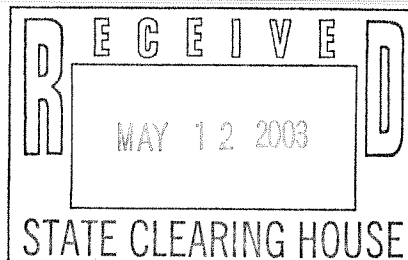
<b>5. APPLICANT INFORMATION</b>	
Legal Name: <b>OCCUR (Oakland Citizens Comm. for Urban Renewal)</b>	Organizational Unit:
Address (give city, county, State, and zip code): <b>1330 Broadway, Suite 1030, Oakland, CA 94612</b> <b>Alameda County</b>	Name and telephone number of person to be contacted on matters involving this application (give area code)
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">             9 4 — 2 1 8 9 2 4 5           </div>	<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="float: right; border: 1px solid black; padding: 2px; margin-top: 10px;">M</div> <div style="clear: both;"></div> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;">             A. State              B. County              C. Municipal              D. Township              E. Interstate              F. Intermunicipal              G. Special District           </div> <div style="width: 50%;">             H. Independent School Dist.              I. State Controlled Institution of Higher Learning              J. Private University              K. Indian Tribe              L. Individual              M. Profit Organization              N. Other (Specify) _____           </div> </div>
<b>8. TYPE OF APPLICATION:</b> <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New           <input type="checkbox"/> Continuation           <input type="checkbox"/> Revision         </div> If Revision, enter appropriate letter(s) in box(es) <span style="border: 1px solid black; padding: 2px 10px;"> </span> <span style="border: 1px solid black; padding: 2px 10px;"> </span> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>A. Increase Award</span> <span>B. Decrease Award</span> <span>C. Increase Duration</span> </div> <div style="display: flex; justify-content: space-between;"> <span>D. Decrease Duration</span> <span>Other(specify): _____</span> </div>	<b>9. NAME OF FEDERAL AGENCY:</b> Department of Commerce, NTIA
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin: 5px auto; width: 150px;">             1 1 — 5 5 2           </div> TITLE: Technology Opportunity Program, NTIA, DOC	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> <b>GO DEEP!</b> (Greater Oakland Digital Education Empowerment Proj.)
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Greater Oakland Area, Alameda County, CA	
<b>13. PROPOSED PROJECT</b>	<b>14. CONGRESSIONAL DISTRICTS OF:</b>
Start Date 10/1/03	Ending Date 9/30/06
a. Applicant California - 9	
b. Project California - 9	
<b>15. ESTIMATED FUNDING:</b>	
a. Federal	\$ 700,000 <sup>00</sup>
b. Applicant	\$ 1,409,135 <sup>00</sup>
c. State	\$ <sup>00</sup>
d. Local	\$ <sup>00</sup>
e. Other	\$ <sup>00</sup>
f. Program Income	\$ <sup>00</sup>
g. TOTAL	\$ 2,109,135 <sup>00</sup>
<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 04/23/03 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>	
a. Type Name of Authorized Representative David Glover	b. Title Executive Director
c. Telephone Number (510) 839-2440	
d. Signature of Authorized Representative 	e. Date Signed 04/22/03

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Standard Form 424 (Rev. 7-97)  
Prescribed by OMB Circular A-102

**Application for  
Federal Assistance**

1. Type of Submission Application		2. Date Submitted <b>24-Apr-03</b>	3. Applicant Identifier
Application		3. Date received State	State Application Identifier
<input checked="" type="checkbox"/> Constuction <input checked="" type="checkbox"/> Non-Constuction		4. Date received by Federal Agency:	Federal Identifier
5. Applicant Information			
6. Legal Name: <b>Peninsula Corridor Joint Powers Board</b>			
Address (give city, county, state, and zip) <b>1250 San Carlos Avenue San Carlos, San Mateo County, CA 94070</b>		Name and telephone of contact person (give area code) <b>Joel Slavit, (650) 508-6476</b>	
6. Employer Identification Number (EIN): <b>9 4 3152903</b>		7. Type of Applicant (enter appropriate letter in box) <b>G</b>	
8. Type of Application <input checked="" type="checkbox"/> new <input type="checkbox"/> continuation <input type="checkbox"/> Revision If revision, enter appropriate letter(s) in boxes: A. Increased Award B. Decreased Award C. Increase Award D. Decrease Duration Other (specify):		A. State B. County C. Municipal D. Township E. Interstate F. Intermural G. Special District H. Independent School Dst. I. State Controlled Institution of higher learning. J. Private University K. Indian Tribe L. Profit Insitution M. Other: MPO	
10. Catalog of federal domestic assistance number: <b>20.500</b> <b>Section 5309 Capital Program</b>		9. Name of federal Agency: <b>Federal Transit Administration</b>	
12. Areas affected by project: <b>San Francisco, San Mateo and Santa Clara Counties</b>		11. Descriptive title of applicant project  <b>FY 2002/03 Capital Improvements:</b> Tunnel Rehabilitation Bridge Rehabilitation Grade Crossing Rehabilitation Systemwide Track Rehabilitation Caltrain Maintenance Facility Systemwide Security	
13. Proposed Project Start Date: <b>12/9/02</b> End Date: <b>7/31/08</b>			
15. Estimated Funding			
a. Federal	<b>\$33,856,925</b>	14. Congressional Districts of:	
b. Applicant		a. Applicant	B. Project
c. State		<b>8, 12, 13, 14, 15 &amp; 16</b>	<b>8, 12, 13, 14, 15 &amp; 16</b>
d. Local	<b>\$8,464,231</b>		
f. Program Income		16. Is application subject to review by state executive 12372 process? <b>Yes</b>	
e. Other		a. Yes this preapplication/application was made available to the state executive order 12372 process review on	
g. TOTAL	<b>\$42,321,156</b>	Date: <b>5/12/03</b>	
17. Is the applicant delinquent on any federal debt? <input type="checkbox"/> Yes.(attach an explanation) <input checked="" type="checkbox"/> No.		b. No <input type="checkbox"/> Program is not covered by E.). 12372 or <input type="checkbox"/> or program has notbeen selected by state for review	
18. To the best of my knowledge and belief, all data in this application preapplication are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if assistance is awarded.			
a. Typed Name of Authorized Representative <b>Mike Scanlon</b>		b. Title <b>Executive Director</b>	c. Telephone Number: <b>(650) 508-6221</b>
d. Signature of Authrized representative <i>Mike Scanlon</i>		e. Date Signed <b>5/12/03</b>	

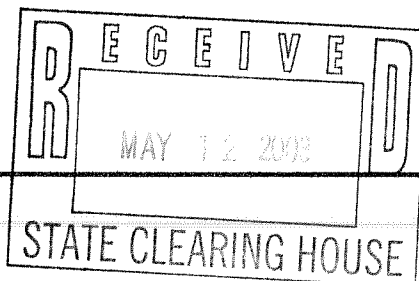


**Application for  
Federal Assistance**

**U.S. Department of Housing  
and Urban Development**

OMB Approval No.2501-0017 (exp. 03/31/2005)

1. Type of Submission <input type="checkbox"/> Application <input checked="" type="checkbox"/> Preapplication		2. Date Submitted June 13, 2003		4. HUD Application Number			
3. Date and Time Received by HUD		5. Existing Grant Number		6. Applicant Identification Number			
7. Applicant's Legal Name WASET, INC.			8. Organizational Unit WASET, INC.				
9. Address (give city, county, State, and zip code) A. Address: 3460 S. Broadway B. City: Los Angeles C. County: Los Angeles D. State: California E. Zip Code: 90007			10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes) A. Name: Noel Sweitzer B. Title: Housing Consultant C. Phone: 323 231-1104 D. Fax: 323 232-0094 E. E-mail: hdsimgmt@aol.com				
11. Employer Identification Number (EIN) or SSN 95-4354411			12. Type of Applicant (enter appropriate letter in box) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;">           A. State            B. County            C. Municipal            D. Township            E. Interstate            F. Intermunicipal            G. Special District            H. Independent School District         </td> <td style="width:50%; vertical-align: top;">           I. University or College            J. Indian Tribe            K. Tribally Designated Housing Entity (TDHE)            L. Individual            M. Profit Organization            N. Non-profit            O. Public Housing Authority            P. Other (Specify)         </td> </tr> </table>			A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District	I. University or College J. Indian Tribe K. Tribally Designated Housing Entity (TDHE) L. Individual M. Profit Organization N. Non-profit O. Public Housing Authority P. Other (Specify)
A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District	I. University or College J. Indian Tribe K. Tribally Designated Housing Entity (TDHE) L. Individual M. Profit Organization N. Non-profit O. Public Housing Authority P. Other (Specify)						
13. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Renewal <input type="checkbox"/> Revision  If Revision, enter appropriate letters in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Amount B. Decrease Amount C. Increase Duration D. Decrease Duration E. Other (Specify)			14. Name of Federal Agency U.S. Department of Housing and Urban Development				
15. Catalog of Federal Domestic Assistance (CFDA) Number 14 -- 157  Title: Supportive Housing for the Component Title: Elderly			16. Descriptive Title of Applicant's Program A 75 unit affordable senior housing project in Hemet, CA Funding through HUD's Section 202 Capital Advance Program. For very low income seniors 62 years of age and over & the disabled 62 years of age and over.				
17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.) City of Hemet, CA		18a. Proposed Program start date 9/04		18b. Proposed Program end date 12/05			
19a. Congressional Districts of Applicant CA 30		19b. Congressional Districts of Program CA 44					
20. Estimated Funding: Applicant must complete the Funding Matrix on Page 2.							
21. Is Application subject to review by State Executive Order 12372 Process? A. Yes <input checked="" type="checkbox"/> This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date 5/8/03 B. No <input type="checkbox"/> Program is not covered by E.O. 12372 <input type="checkbox"/> Program has not been selected by State for review.							
22. Is the Applicant delinquent on any Federal debt? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If "Yes," explain below or attach an explanation.							



## Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
Section 202	\$7.5 Mil.					\$300,000			0.00
									0.00
									0.00
									0.00
									0.00
Grand Totals	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

\* For FHIPs, show both initiative and component

## Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

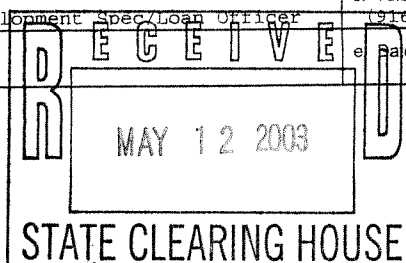
Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

23. Signature of Authorized Official 	Name (printed) Patricia Swearingner
Title Secretary, Waset, Inc.	Date (mm/dd/yyyy) 5/8/03

# APPLICATION FOR FEDERAL ASSISTANCE

		2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION:  Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<b>5. APPLICANT INFORMATION</b>			
Legal Name: KARE Crisis Nursery, Inc.		Organizational Unit: KARE Crisis Nursery, Inc.	
Address (give city, county, State, and zip code):  P.O. Box 2080 Grass Valley, CA 95945		Name and telephone number of the person to be contacted on matters involving this application (give area code)  Fran Freedle (530) 272-7152	
6. EMPLOYER IDENTIFICATION NUMBER (EIN):  31-1744330		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> N A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify):	
8. TYPE OF APPLICATION:  <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other (specify):		9. NAME OF FEDERAL AGENCY:  USDA, Rural Development	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  10-766  TITLE: Community Facilities Loans and Grants		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  Purchase/renovation of a single family dwelling to facilitate a 6-bed group home to provide emergency respite care for children from ages 0-5 years for up to 30 days.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):  Nevada County, California			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date	Ending Date	a. Applicant District 2, Wally Herger	b. Project District 2, Wally Herger
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 251,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  DATE 05/08/2003  b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ .00		
c. State	\$ .00		
d. Local	\$ .00		
e. Other	\$ .00		
f. Program Income	\$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL	\$ 251,000.00	<input type="checkbox"/> Yes    If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Robert Longman		b. Title Rural Development Spec/Loan Officer	c. Telephone Number (916) 447-9832
d. Signature of Authorized Representative		e. Date Signed	



# APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED	APPLICANT IDENTIFIER
Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	STATE APPLICATION IDENTIFIER
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	FEDERAL IDENTIFIER

5. Applicant Information	
Legal Name <b>Teviston Community Services District</b>	Organizational Unit
Address (give city, county, state, and zip code): <b>P.O. Box T Pixley, CA 93256</b>	Name and telephone number of the person to be contacted on matters involving this application (give area code): <b>Paul Boyer (559) 651-1000</b>

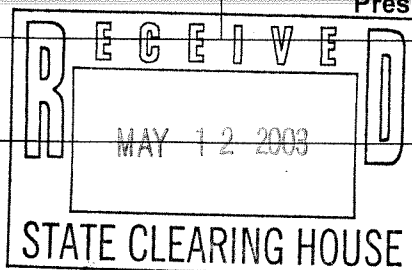
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <b>77-0273435</b>	7. TYPE OF APPLICANT: (enter appropriate letter in box)
8. TYPE OF APPLICATION <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision  If Revision, select appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify here): _____	G. Special District H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify): _____ O. Non-Profit
9. NAME OF FEDERAL AGENCY  <b>USDA Rural Development</b>	

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <b>10.763 ECWAG</b>	11. DESCRIPTIVE TITLE OF APPLICANT PROJECT:  <b>Emergency replacement of pump and motor</b>
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):  <b>Teviston, Tulare County, CA</b>	

13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date <b>5/15/2003</b>	Ending Date <b>5/30/2003</b>	a. Applicant <b>21st</b>	b. Project <b>21st</b>

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ <b>10,000.00</b>	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: <b>3/31/03</b>  b. <input type="checkbox"/> NO. PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW <input type="checkbox"/>	
b. Applicant	\$		
c. State	\$		
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ <b>10,000.00</b>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  <input type="checkbox"/> Yes    If "Yes" attach an explanation <input checked="" type="checkbox"/> No.	

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED		
a. Typed Name of Authorized Representative <b>Alfred King</b>	b. Title <b>President</b>	c. Telephone number <b>(559) 757-3539</b>
d. Signature of Authorized Representative <i>Alfred King</i>	e. Date Signed <b>3-31-03</b>	





## **Teviston Community Services District**

### Description of Project and Nature of Emergency

The main well, Well # 1, for the TCSD was found on March 4, 2003, to have malfunctioned and caused serious damages to the well pump and motor. It was found to be completely inoperable. Since this time the TCSD has been depending upon the second well, Well # 2, to meet its drinking water needs. The well pump was sent to a well pump specialist who diagnosed the cause of the malfunctioning. The bearings in the bowls had frozen up which then twisted the motor on its mounts damaging equipment both above and below ground. This project will seek to repair/replace the well pump and motor at Well # 1 before the summer demands overload the production capacity of Well # 2.

# Application for Federal Assistance

U.S. Department of Housing  
and Urban Development

OMB Approval No.2501-0017 (exp. 03/31/2005)

1. Type of Submission

☒ Application

☐ Preapplication

2. Date Submitted

May 9, 2003

4. HUD Application Number

3. Date and Time Received by HUD

5. Existing Grant Number

6. Applicant Identification Number

7. Applicant's Legal Name

County of Fresno

8. Organizational Unit

Department of Public Works and Planning

9. Address (give city, county, State, and zip code)

A. Address: 2220 Tulare Street, 6th Floor

B. City: Fresno

C. County: Fresno

D. State: California

E. Zip Code: 93721

10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes)

A. Name: Rebecca Madrigal

B. Title: Community Development Grants Manager

C. Phone: (559) 262-4292

D. Fax: (559) 488-3940

E. E-mail: rxmadrigal@fresno.ca.gov

11. Employer Identification Number (EIN) or SSN

Tax ID #94-6000512

12. Type of Applicant (enter appropriate letter in box)

B

A. State

I. University or College

B. County

J. Indian Tribe

C. Municipal

K. Tribally Designated Housing Entity (TDHE)

D. Township

L. Individual

E. Interstate

M. Profit Organization

F. Intermunicipal

N. Non-profit

G. Special District

O. Public Housing Authority

H. Independent School District

P. Other (Specify)

13. Type of Application

☐ New ☒ Continuation

☐ Renewal

☐ Revision

If Revision, enter appropriate letters in box(es)

A. Increase Amount B. Decrease Amount C. Increase Duration

D. Decrease Duration E. Other (Specify)

14. Name of Federal Agency

U.S. Department of Housing and Urban Development

15. Catalog of Federal Domestic Assistance (CFDA) Number

Community Development Block Grant (14.218)

HOME Investment Partnerships (14.239)

Emergency Shelter Grant (24.576)

16. Descriptive Title of Applicant's Program

Fresno County Urban County Community Development Block Grant, HOME Investment Partnerships, and Emergency Shelter Grant Programs.

17. Areas affected by Program (boroughs, cities, counties, States,

Indian Reservation, etc.) Fresno County California

18a. Proposed Program start date

July 1, 2003

18b. Proposed Program end date

June 30, 2004

19a. Congressional Districts of Applicant

18, 19, 20

19b. Congressional Districts of

Program 18, 19, 20

20. Estimated Funding: Applicant must complete the Funding Matrix on Page 2.

21. Is Application subject to review by State Executive Order 12372 Process?

A. Yes ☒

This preapplication/application was made available to the State Executive Order 12372 Process for review on: April 30, 2003

B. No ☐

Program is not covered by E.O. 12372

Program has not been selected by State for review.

22. Is the Applicant delinquent on any Federal debt?

☒ No

☐ Yes If "Yes," explain below or attach an explanation.

RECEIVED

MAY - 9 2003

STATE CLEARING HOUSE

## Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
CDBG	\$5,645,000							\$768,100	\$6,413,100
HOME	\$2,148,336							\$600,000	\$2,748,336
ESG	\$193,000					\$193,000			\$386,000
<b>Grand Totals</b>	<b>\$7,986,336</b>					<b>\$193,000</b>		<b>\$1,368,100</b>	<b>\$9,547,436</b>

\* For FHIPs, show both initiative and component

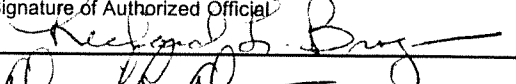
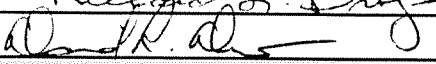
## Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

23. Signature of Authorized Official

X   
X 

Name (printed)

Richard L. Brogan (CDBG and HOME only)

David R. Dent (ESG only)

Title

Director, Department of Public Works and Planning

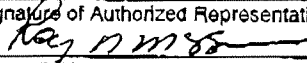
Director, Human Services System

Date (mm/dd/yyyy)

X 4-16-03

X 4-8-03

# APPLICATION FOR FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> May 7, 2003		Applicant Identifier	
		<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier	
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier	
<b>5. APPLICANT INFORMATION</b>					
Legal Name: California Department of General Services			Organizational Unit: Division of the State Architect		
Address (give city, county, State, and zip code): 1130 K St., Suite 101 Sacramento, CA 95814			Name and telephone number of person to be contacted on matters involving this application (give area code) Panama Bartholomy (916) 445-4229		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-6001347			<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="display: flex; justify-content: space-between;"> <div>           A. State            B. County            C. Municipal            D. Township            E. Interstate            F. Intermunicipal            G. Special District         </div> <div>           H. Independent School Dist.            I. State Controlled Institution of Higher Learning            J. Private University            K. Indian Tribe            L. Individual            M. Profit Organization            N. Other (Specify) _____         </div> </div> <div style="text-align: right; border: 1px solid black; padding: 2px; width: 30px; float: right;">A</div>		
<b>8. TYPE OF APPLICATION:</b> <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New           <input type="checkbox"/> Continuation           <input type="checkbox"/> Revision         </div> If Revision, enter appropriate letter(s) in box(es) <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other(specify): _____			<b>9. NAME OF FEDERAL AGENCY:</b> Environmental Protection Agency		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 66-708			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Environmentally Preferable Building Products Database		
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> California, potentially all States			<div style="border: 2px solid black; padding: 10px; width: 150px; margin: auto;">           RECEIVED            MAY - 8 2003            STATE CLEARING HOUSE         </div>		
<b>13. PROPOSED PROJECT</b>					
Start Date 6/30/03		Ending Date 6/30/05		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant CA Division of the State Architect	
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> <input checked="" type="radio"/> YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>5/10/03</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
a. Federal \$ 200,000 <sup>00</sup>		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
b. Applicant \$ 482,849 <sup>00</sup>					
c. State \$ <sup>00</sup>					
d. Local \$ <sup>00</sup>					
e. Other \$ <sup>00</sup>					
f. Program Income \$ <sup>00</sup>					
g. TOTAL \$ 682,849 <sup>00</sup>					
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>					
a. Type Name of Authorized Representative Roy McBrayer		b. Title Deputy to the State Architect		c. Telephone Number (916) 324-5799	
d. Signature of Authorized Representative 				e. Date Signed 5/7/03	

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-01

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> May 8, 2003	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

<b>5. APPLICANT INFORMATION</b> Legal Name: California Department of Toxic Substances Control Address (give city, county, State, and zip code): 1001 "I" Street, P.O. Box 806 Sacramento, California 95812-0806		Organizational Unit: Office of Pollution Prevention and Tech. Dev. Name and telephone number of person to be contacted on matters involving this application (give area code): Robert Ludwig (916) 324-2659																					
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">             9 4 - 6 0 0 1 3 4 7           </div>	<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="text-align: right; border: 1px solid black; width: 30px; float: right; margin-top: -20px;">A</div> <div style="clear: both;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">             A. State              B. County              C. Municipal              D. Township              E. Interstate              F. Intermunicipal              G. Special District           </div> <div style="width: 45%;">             H. Independent School Dist.              I. State Controlled Institution of Higher Learning              J. Private University              K. Indian Tribe              L. Individual              M. Profit Organization              N. Other (Specify) _____           </div> </div>																						
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; vertical-align: middle;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; vertical-align: middle;"></div> A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other(specify): _____		<b>9. NAME OF FEDERAL AGENCY:</b> U.S. Environmental Protection Agency																					
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="text-align: right; border: 1px solid black; padding: 2px; display: inline-block;">             6 6 - 7 0 8           </div> TITLE: Pollution Prevention Grant (formerly PPIS)		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> State Alternatives for the Screen Printing Industry <div style="border: 2px solid black; padding: 10px; text-align: center; margin-top: 10px;"> <b>RECEIVED</b>              MAY - 9 2003  <b>STATE CLEARING HOUSE</b> </div>																					
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Statewide																							
<b>13. PROPOSED PROJECT</b> Start Date    Ending Date 10/1/03    12/31/05	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant    b. Project Statewide    Statewide																						
<b>15. ESTIMATED FUNDING:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td style="text-align: right;">40,000<sup>00</sup></td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">40,000<sup>00</sup></td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;"><sup>00</sup></td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;"><sup>00</sup></td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;"><sup>00</sup></td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;"><sup>00</sup></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">80,000<sup>00</sup></td> </tr> </table>		a. Federal	\$	40,000 <sup>00</sup>	b. Applicant	\$	40,000 <sup>00</sup>	c. State	\$	<sup>00</sup>	d. Local	\$	<sup>00</sup>	e. Other	\$	<sup>00</sup>	f. Program Income	\$	<sup>00</sup>	g. TOTAL	\$	80,000 <sup>00</sup>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE    05/09/03 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	40,000 <sup>00</sup>																					
b. Applicant	\$	40,000 <sup>00</sup>																					
c. State	\$	<sup>00</sup>																					
d. Local	\$	<sup>00</sup>																					
e. Other	\$	<sup>00</sup>																					
f. Program Income	\$	<sup>00</sup>																					
g. TOTAL	\$	80,000 <sup>00</sup>																					
<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes    If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																							
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>																							
a. Type Name of Authorized Representative Edwin F. Lowry	b. Title Director	c. Telephone Number (916) 322-0504																					
d. Signature of Authorized Representative 		e. Date Signed 5/8/03																					

APPLICATION FOR  
FEDERAL ASSISTANCE

OMB Approval No. 0348-00

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 8, 2003	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: California Department of Toxic Substances Control	Organizational Unit: Office of Pollution Prevention and Tech. Dev.
Address (give city, county, State, and zip code): 1001 "I" Street, P.O. Box 806 Sacramento, California 95812-0806	Name and telephone number of person to be contacted on matters involving this application (give area code): Tim Ogburn (916) 324-0805

6. EMPLOYER IDENTIFICATION NUMBER (EIN):  
94-6001347

7. TYPE OF APPLICANT: (enter appropriate letter in box) A

A. State	H. Independent School Dist.
B. County	I. State Controlled Institution of Higher Learning
C. Municipal	J. Private University
D. Township	K. Indian Tribe
E. Interstate	L. Individual
F. Intermunicipal	M. Profit Organization
G. Special District	N. Other (Specify) _____

8. TYPE OF APPLICATION:  
☒ New    ☐ Continuation    ☐ Revision  
 If Revision, enter appropriate letter(s) in box(es)         
 A. Increase Award    B. Decrease Award    C. Increase Duration  
 D. Decrease Duration    Other(specify): \_\_\_\_\_

9. NAME OF FEDERAL AGENCY:  
U.S. Environmental Protection Agency

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  
66-708  
TITLE: Pollution Prevention Grant (formerly PPIS)

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  
Pollution Prevention training for Auto Body and Repair shops utilizing the Model Shop concept.

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):  
Statewide

13. PROPOSED PROJECT

14. CONGRESSIONAL DISTRICTS OF:  
a. Applicant  
Statewide

15. ESTIMATED FUNDING:

a. Federal	\$	100,000 <sup>00</sup>
b. Applicant	\$	148,260 <sup>00</sup>
c. State	\$	<sup>00</sup>
d. Local	\$	<sup>00</sup>
e. Other	\$	<sup>00</sup>
f. Program Income	\$	<sup>00</sup>
g. TOTAL	\$	248,260 <sup>00</sup>

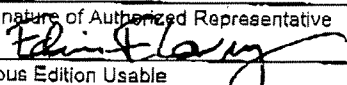
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  
DATE 05/09/03

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372  
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  
☐ Yes If "Yes," attach an explanation.    ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative Edwin F. Lowry	b. Title Director	c. Telephone Number (916) 322-0504
d. Signature of Authorized Representative 		e. Date Signed 5/8/03

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Standard Form 424 (Rev. 7-97)  
Prescribed by OMB Circular A-102

APPLICATION FOR  
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 5/8/03		Applicant Identifier	
<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: California State University, Hayward			Organizational Unit:		
Address (give city, county, State, and zip code): 25800 Carlos Bee Boulevard Hayward, CA 94542 Alameda County			Name and telephone number of person to be contacted on matters involving this application (give area code): Samuel I. Doctors, Ph.D. (510) 749-3977		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6390556			7. TYPE OF APPLICANT: (enter appropriate letter in box) <input type="checkbox"/> 1		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):			A. State B. County C. Municipal D. Township E. Interstate F. Intramunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-708 TITLE:			9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): EPA Region 9			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Grant Proposal for Regional Green Business Program Coordination		
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:			
Start Date 10/1/03	Ending Date 9/30/04	a. Applicant 9th and 13th		b. Project	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 200,000	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 05/09/03			
b. Applicant	\$ 0	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
c. State	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
d. Local	\$ 152,158	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
e. Other	\$ 50,000				
f. Program Income	\$				
g. TOTAL	\$ 402,158				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative Frank Martino		b. Title Provost and Vice President, Academic Affairs		c. Telephone Number (510) 885-3711	
d. Signature of Authorized Representative <i>Frank Martino</i>				e. Date Signed 5/9/03	

OMB Approval No. 0348-0043

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 9, 2003		Applicant Identifier V-009404-09-0	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Department of Toxic Substances Control			Organizational Unit: Site Mitigation Program		
Address (give city, county, State, and zip code): 1001 I Street, Floor 11-4, PO Box 806 Sacramento, CA 95812-0806			Name and telephone number of person to be contacted on matters involving this application (give area code): Carol O'Bryant (916) 323-3372		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 88-0281381			7. TYPE OF APPLICANT: (enter appropriate letter in box) <b>A</b>		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):			A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-802 TITLE: CERCLA			9. NAME OF FEDERAL AGENCY: United States Environmental Protection Agency		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Superfund Multi-Site Management Assistance to Provide Oversight of Federal National Priority List sites.		
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:			
Start Date 7/1/03	Ending Date 8/30/05	a. Applicant Districts 3 & 4 California		b. Project Statewide	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 630,000	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 05/01/03			
b. Applicant	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
c. State	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
d. Local	\$	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
e. Other	\$	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
f. Program Income	\$	a. Type Name of Authorized Representative Dorothy Rice		b. Title Deputy Director	
g. TOTAL	\$ 630,000	c. Telephone Number (916) 323-3576		d. Signature of Authorized Representative <i>Dorothy Rice</i>	
		e. Date Signed 5-9-03			



## PART I - FACE SHEET

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		1. TYPE OF SUBMISSION: Non-Construction
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 05/08/03	3. DATE RECEIVED BY STATE:	STATE APPLICATION IDENTIFIER:
2b. APPLICATION ID: 03SFP034895	4. DATE RECEIVED: 05/08/03	GRANT NUMBER: 02SFP034895
5. APPLICATION INFORMATION		
LEGAL NAME: The CSU, Chico Research Foundation		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Carol A. Childers TELEPHONE NUMBER: (530) 898-4307 FAX NUMBER: (530) 898-4870 INTERNET E-MAIL ADDRESS: cchilders@csuchico.edu
ADDRESS (give street address, city, state and zip code): Office of Sponsored Programs Kendall Hall, Room 114 Chico CA 95929 - 0870		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 680386518		7. TYPE OF APPLICANT: 7a. Non-Profit 7b. 4-year college
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> CONTINUATION <input type="checkbox"/> REVISION If Revision, enter appropriate letter(s) in box(es): AU <input type="checkbox"/> A. Increase Award      B. Decrease Award      C. Increase Duration D. Decrease Duration		<div style="border: 2px solid black; padding: 5px; transform: rotate(-5deg);"> <b>RECEIVED</b>  <b>MAY - 9 2003</b>  <b>STATE CLEARING HOUSE</b> </div>
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.011 10b. TITLE: Foster Grandparents		
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): Butte County		
9. NAME OF FEDERAL AGENCY: <b>Corporation for National and Community Service</b>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: CSU CHICO FGP
13. PROPOSED PROJECT: START DATE: 07/01/03      END DATE: 06/30/04		14. PERFORMANCE PERIOD: START DATE:      END DATE:
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="checkbox"/> YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 08-MAY-03
a. FEDERAL	\$ 40,500.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES If "Yes," attach an explanation. <input checked="" type="checkbox"/> NO
b. APPLICANT	\$ 11,466.00	
c. STATE	\$ 0.00	
d. LOCAL	\$ 5,335.00	
e. OTHER	\$ 6,131.00	
f. PROGRAM INCOME	\$ 0.00	
g. TOTAL	\$ 51,966.00	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Jeff Wright	b. TITLE: Director, Office of Sponsored Programs	c. TELEPHONE NUMBER: 530-898-5700
		d. DATE: 05/08/03

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> March 26, 2003	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

<b>5. APPLICANT INFORMATION</b> Legal Name: California Poultry Industry Federation Inc.		Organizational Unit:														
Address (give city, county, State, and zip code): 3117 A McHenry Ave. Modesto, CA 95350 Stanislaus County		Name and telephone number of person to be contacted on matters involving this application (give area code)														
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <div style="border: 1px solid black; padding: 2px;">           95 — 1889524         </div>		<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">             A. State              B. County              C. Municipal              D. Township              E. Interstate              F. Intermunicipal              G. Special District           </div> <div style="width: 45%;">             H. Independent School Dist.              I. State Controlled Institution of Higher Learning              J. Private University              K. Indian Tribe              L. Individual              M. Profit Organization              N. Other (Specify) <u>Non profit trade association</u> </div> </div>														
<b>8. TYPE OF APPLICATION:</b> <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New           <input type="checkbox"/> Continuation           <input type="checkbox"/> Revision         </div> If Revision, enter appropriate letter(s) in box(es) <span style="border: 1px solid black; padding: 2px 10px;"> </span> <span style="border: 1px solid black; padding: 2px 10px;"> </span> A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other(specify): _____		<b>9. NAME OF FEDERAL AGENCY:</b> USDA														
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="border: 1px solid black; padding: 2px 10px;"> </span> <span style="border: 1px solid black; padding: 2px 10px;"> </span> <span style="border: 1px solid black; padding: 2px 10px;"> </span> </div> TITLE: _____		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> California Poultry Biosecurity and Disease Prevention Education Program <div style="text-align: right; border: 2px solid black; padding: 5px; transform: rotate(-5deg); width: fit-content;"> <b>RECEIVED</b>  <b>MAY - 8 2003</b>  <b>STATE CLEARING HOUSE</b> </div>														
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Stanislaus, San Joaquin, Merced, Fresno, Madera, Petaluma & Sonoma Counties																
<b>13. PROPOSED PROJECT</b> Start Date: 5/2003    Ending Date: 1/2004	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant: 18th    b. Project: 6th, 11th, 18th, 19th, 20th, 21st															
<b>15. ESTIMATED FUNDING:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td style="text-align: right;">\$ 75,000.00</td> </tr> <tr> <td>b. Applicant</td> <td style="text-align: right;">\$ 28,000.00</td> </tr> <tr> <td>c. State /Extension</td> <td style="text-align: right;">\$ 10,000.00</td> </tr> <tr> <td>d. Local</td> <td style="text-align: right;">\$ .00</td> </tr> <tr> <td>e. Other <u>Industry Veterinarians</u></td> <td style="text-align: right;">\$ 10,000.00</td> </tr> <tr> <td>f. Program Income</td> <td style="text-align: right;">\$ .00</td> </tr> <tr> <td>g. TOTAL</td> <td style="text-align: right;">\$ 0.00</td> </tr> </table>		a. Federal	\$ 75,000.00	b. Applicant	\$ 28,000.00	c. State /Extension	\$ 10,000.00	d. Local	\$ .00	e. Other <u>Industry Veterinarians</u>	\$ 10,000.00	f. Program Income	\$ .00	g. TOTAL	\$ 0.00	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$ 75,000.00															
b. Applicant	\$ 28,000.00															
c. State /Extension	\$ 10,000.00															
d. Local	\$ .00															
e. Other <u>Industry Veterinarians</u>	\$ 10,000.00															
f. Program Income	\$ .00															
g. TOTAL	\$ 0.00															
<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No																
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>																
a. Type Name of Authorized Representative Bill Mattos	b. Title President	c. Telephone Number (209) 576-6355														
d. Signature of Authorized Representative 		e. Date Signed														

OMB Approved No. 0348-0043

APPLICATION FOR  
FEDERAL ASSISTANCE2. DATE SUBMITTED  
5/9/2003

Applicant Identifier

## 1. TYPE OF SUBMISSION:

## Application

- ☐ Construction  
☒ Non-construction

## Preapplication

- ☐ Construction  
☐ Non-Construction

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

## 5. APPLICANT INFORMATION

Legal Name: State of California

Organizational Unit: California Energy Commission

Address (give city, county, state, and zip code)

1516 9<sup>th</sup> Street, MS-1  
Sacramento, CA 95814Name and telephone number of the person to be contacted on  
matters involving this application (give area code)Administrative-Lisa Johnson, Technical-Jerry Wiens  
(916) 654 - 4276, (916) 654-4649

## 6. EMPLOYER IDENTIFICATION NUMBER (EIN):

68-0364962

7. TYPE OF APPLICANT: (enter appropriate letter in box)

A

- A. State H. Independent School Dist.  
 B. County I. State Controlled Institution of Higher Learning  
 C. Municipal J. Private University  
 D. Township K. Indian Tribe  
 E. Interstate L. Individual  
 F. Intermunicipal M. Profit Organization  
 G. Special District N. Other (Specify)

## 8. TYPE OF APPLICATION:

- ☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es):

- A. Increase Award B. Decrease Award C. Increase Duration  
 D. Decrease Duration Other (specify)

## 9. NAME OF FEDERAL AGENCY:

U.S. Environmental Protection Agency

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

66-708

TITLE: 2003 Pollution Prevention Incentives

## 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Interstate Clean Transportation Corridor

## 12. AREAS AFFECTED BY PROJECT (cities, countries, states, etc.)

Statewide

## 13. PROPOSED PROJECT

Start Date Ending Date  
10-01-2003 09-30-2004

## 14. CONGRESSIONAL DISTRICTS OF:

a. Applicant  
05

b. Project

Congressional District

## 15. ESTIMATED FUNDING:

a. Federal	\$	200000.00
b. Applicant	\$	320000.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	520000.00

## 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION WAS MADE AVAILABLE TO THE  
STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW

DATE 5/9/03

- b. NO. ☐ PROGRAM IS NOT COVERED BY E.O. 12372  
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

## 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

- ☐ Yes If "Yes," attach an explanation ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED  
BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Typed Name of Authorized Representative

b. Title

ROBERT L. THERKELSEN

EXECUTIVE DIRECTOR

c. Telephone Number

(916) 654 - 4996

d. Signature of Authorized Representative

e. Date Signed

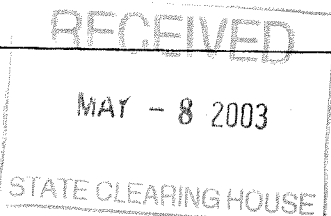
5/9/2003

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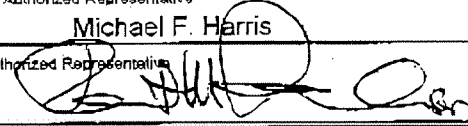
Standard Form 424 (REV 4-88)

Prescribed by OMB Circular A-102



APPLICATION FOR  
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED	Applicant Identifier
<u>Application</u> <u>Pre-application</u> <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		May 6, 2003	
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
			F-113-B
5. APPLICANT INFORMATION			
Legal Name: STATE OF CALIFORNIA		Organizational Unit:	
Address (give city, county, state and zip code):		Department of Fish and Game	
Dept. of Fish & Game - Fisheries Programs Branch		Name and telephone number of the person to be contacted on matters involving this application (give area code):	
1812 Ninth Street		Carolyn Murata (916) 445-3559	
Sacramento, CA 95814			
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		7. TYPE OF APPLICANT: (enter appropriate letter, A):	
94-1697567		A. State      H. Independent School Dist. B. County      I. State Controlled Instruction C. Municipal      J. Private University D. Township      K. Individual E. Interstate      L. Profit Organization F. Intermunicipal      M. Other (Specify) G. Special District      N. Other (Specify)	
8. TYPE OF APPLICATION:		RECEIVED MAY - 7 2003 STATE CLEARING HOUSE	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/>			
A. Increase Award      B. Decrease Award C. Increase Duration      D. Decrease Duration E. Other (specify):			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:		9. NAME OF FEDERAL AGENCY:	
15-605		U.S. Department of the Interior	
TITLE: Sport Fish Restoration Act		U.S. Fish and Wildlife Service	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:	
Lassen County		Motorboat Access Enhancement Project for Eagle Lake Fishing Access Improvements. Project Narrative attached.	
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:	
Start Date	Ending Date	a. Applicant	b. Project
05/ /03	12/31/2004	3	2
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$2,368,500	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:	
b. Applicant		Date: 5-07-03	
c. State	\$789,500	b. NO. _____ PROGRAM IS NOT COVERED BY E.O. 12372	
d. Local		_____ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other		17. IS THE APPLICATION DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income		____ Yes    If "Yes", attach an explanation <input checked="" type="checkbox"/> No	
g. TOTAL	\$3,158,000		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative		b. Title:	c. Telephone Number
Michael F. Harris		Deputy Director, Admin.	(916) 653-4633
d. Signature of Authorized Representative		e. Date Signed	
		5/6/03	
Approved for the Secretary of the Interior		Title:	Date
Signature			

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Standard Form 424 (REV 4-88)  
Prescribed by OMB Circular A-102

APPLICATION FOR  
FEDERAL ASSISTANCE

1. Type of Submission <b>Application</b>		2. Date Submitted (mm/dd/yyyy) 05/14/03	Applicant Identifier B03-UC-06-0009
Preapplication		3. Date Received by State (mm/dd/yyyy)	State Applicant Identifier
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		4. Date Received by Federal Agency (mm/dd/yyyy)	Federal Identifier

## 5. APPLICANT INFORMATION

Legal Name: San Joaquin County	Organizational Unit: Community Development Department
Address (give city, county, state, and zip code): 1810 E. Hazelton Avenue Stockton, CA 95205-6232	Name and telephone number of the person to be contacted on matters involving this application (give area code) Karen Stevens (209) 468-3139

## 6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9	4	-	6	0	0	0	5	3	1
---	---	---	---	---	---	---	---	---	---

## 8. TYPE OF APPLICATION:

☒ New    ☐ Continuation    ☐ Revision

If Revision, enter appropriate letter(s) in box(es):

--	--

A. Increase Award    B. Decrease Award    C. Increase Duration

D. Decrease Duration    Other (specify):

7. TYPE OF APPLICANT:  
(enter appropriate letter in box)

B

- |                             |  |
|-----------------------------|--|
| A. State                    | I. State Controlled Institution of Higher Learning |
| B. County                   | J. Private University                              |
| C. Municipal                | K. Indian Tribe                                    |
| D. Township                 | L. Individual                                      |
| E. Interstate               | M. Profit Organization                             |
| F. Intermunicipal           | N. Nonprofit                                       |
| G. Special District         | O. Public Housing Agency                           |
| H. Independent School Dist. | P. Other (Specify)                                 |

## 9. NAME OF FEDERAL AGENCY:

U.S. DEPT. OF HOUSING AND URBAN DEVELOPMENT

10. CATALOG OF FEDERAL DOMESTIC  
ASSISTANCE NUMBER: (xx-yyy)

1	4	.	2	1	8
---	---	---	---	---	---

TITLE: Community Development Block Grant (CDBG)

## 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

County of San Joaquin and the cities of Escalon, Lathrop, Lodi, Manteca, Ripon, and Tracy, California

## 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

2003-04 Entitlement Statement for San Joaquin County and participating cities. Activities include public works and facilities, housing rehabilitation, public services, administration and planning.

## 13. PROPOSED PROJECT:

Start Date  
(mm/dd/yyyy)

07/01/03

Ending Date  
(mm/dd/yyyy)

06/30/04

## 14. CONGRESSIONAL DISTRICTS OF:

a. Applicant

14 &amp; 18

b. Project

14 &amp; 18

## 15. ESTIMATED FUNDING:

Complete form HUD-424-M, Funding Matrix

## 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE (mm/dd/yyyy)

April 25, 2003

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372OR ☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

## 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

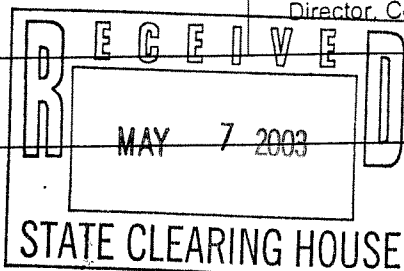
☐ Yes

If "Yes," attach an explanation.

☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Typed Name of Authorized Representative Ben Hulse	b. Title Director, Community Development Dept.	c. Telephone number (Include Area Code) (209) 468-3133
d. Signature of Authorized Representative	e. Date Signed (mm/dd/yyyy) 05/14/03	



MAI 6 2003

OMB Approval No. 0348-0043

# APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED

May 2, 2003

STATE CLEARING HOUSE

Applicant Identifier

## 1. TYPE OF SUBMISSION:

Application

☐ Construction

☒ Non-Construction

Preapplication

☐ Construction

☐ Non-Construction

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

## 5. APPLICANT INFORMATION

Legal Name:

CUSD-Central Valley Applied Agricultural Technology

Organizational Unit:

Educational Unit

Address (give city, county, State, and zip code):

8180 E. Donner  
Clovis, Fresno, CA 93611

Name and telephone number of person to be contacted on matters involving this application (give area code)

Linda Hauser (559) 327-9365

## 6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9 4 - 2 8 4 0 7 7 4

## 8. TYPE OF APPLICATION:

☒ New

☐ Continuation

☐ Revision

If Revision, enter appropriate letter(s) in box(es)

☐

☐

A. Increase Award

B. Decrease Award

C. Increase Duration

D. Decrease Duration Other(specify):

## 7. TYPE OF APPLICANT: (enter appropriate letter in box)

H

A. State

H. Independent School Dist.

B. County

I. State Controlled Institution of Higher Learning

C. Municipal

J. Private University

D. Township

K. Indian Tribe

E. Interstate

L. Individual

F. Intermunicipal

M. Profit Organization

G. Special District

N. Other (Specify) \_\_\_\_\_

## 9. NAME OF FEDERAL AGENCY:

USDA Rural Utilities Services

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

1 0 - 8 5 5

TITLE: Distance Learning Telemedicine Loan & Grant Program

## 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Central Valley Learning Distribution Project

## 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

Central California

## 13. PROPOSED PROJECT

## 14. CONGRESSIONAL DISTRICTS OF:

Start Date

8/1/03

Ending Date

6/1/05

a. Applicant

19 & 20

b. Project

19 & 20

## 15. ESTIMATED FUNDING:

a. Federal

\$

438,011

.00

b. Applicant

\$

187,719

.00

c. State

\$

0

.00

d. Local

\$

0

.00

e. Other

\$

0

.00

f. Program Income

\$

0

.00

g. TOTAL

\$

625,730

0

.00

## 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE \_\_\_\_\_

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372

☒ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

## 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation.

☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative

Terry Bradley

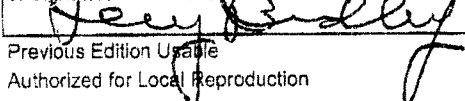
b. Title

Superintendent

c. Telephone Number

(559) 327-7120

d. Signature of Authorized Representative



e. Date Signed

5/2/03

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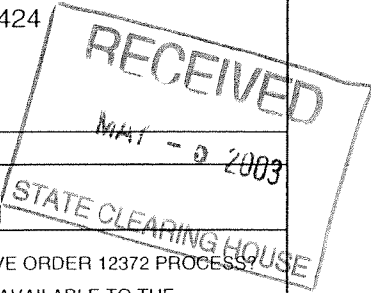
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Prescribed by OMB Circular A-102

RECEIVED  
May 5, 2003  
STATE CLEARING HOUSE

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> <i>Application</i>  <input checked="" type="checkbox"/> Construction  <input type="checkbox"/> Non-Construction             </td> <td style="width:50%; vertical-align: top;"> <i>Preapplication</i>  <input type="checkbox"/> Construction  <input type="checkbox"/> Non-Construction             </td> </tr> </table>		<i>Application</i> <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED March 12, 2003		Applicant Identifier																				
<i>Application</i> <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction																									
3. DATE RECEIVED BY STATE		State Application Identifier																								
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier																								
5. APPLICANT INFORMATION																										
Legal Name: City of Chico			Organizational Unit: Public Works Department																							
Address (give city, county, state and zip code): P.O. Box 3420 Chico, Butte County California 95927-3420			Name and telephone number of the person to be contacted on matters involving this application (give area code) Robert Grierson (530) 879-3910																							
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94 60003 80			7. TYPE OF APPLICANT: (enter appropriate letter in box) <table style="width:100%;"> <tr> <td>A. State</td> <td>H. Independent School Dist.</td> </tr> <tr> <td>B. County</td> <td>I. State Controlled Institution of Higher Learning</td> </tr> <tr> <td>C. Municipal</td> <td>J. Private University</td> </tr> <tr> <td>D. Township</td> <td>K. Indian Tribe</td> </tr> <tr> <td>E. Interstate</td> <td>L. Individual</td> </tr> <tr> <td>F. Intermunicipal</td> <td>M. Profit Organization</td> </tr> <tr> <td>G. Special District</td> <td>N. Other (Specify)</td> </tr> </table>			A. State	H. Independent School Dist.	B. County	I. State Controlled Institution of Higher Learning	C. Municipal	J. Private University	D. Township	K. Indian Tribe	E. Interstate	L. Individual	F. Intermunicipal	M. Profit Organization	G. Special District	N. Other (Specify)							
A. State	H. Independent School Dist.																									
B. County	I. State Controlled Institution of Higher Learning																									
C. Municipal	J. Private University																									
D. Township	K. Indian Tribe																									
E. Interstate	L. Individual																									
F. Intermunicipal	M. Profit Organization																									
G. Special District	N. Other (Specify)																									
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision  If Revision, enter appropriate letter(s) in box(es): A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other (specify):			9. NAME OF FEDERAL AGENCY: Federal Aviation Administration																							
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 2 0 1 0 6 TITLE: Airport Improvement Program			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: See Page 2 of Standard Form 424																							
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): City of Chico, Butte County and Adjacent Counties																										
13. PROPOSED PROJECT: <table style="width:100%;"> <tr> <td style="width:33%;">Start Date 2003</td> <td style="width:33%;">Ending Date 2003</td> <td style="width:34%;">14. CONGRESSIONAL DISTRICTS OF: a. Applicant 2nd</td> </tr> <tr> <td colspan="3">b. Project 2nd</td> </tr> </table>						Start Date 2003	Ending Date 2003	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 2nd	b. Project 2nd																	
Start Date 2003	Ending Date 2003	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 2nd																								
b. Project 2nd																										
15. ESTIMATED FUNDING: <table style="width:100%;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:70%;">1,000,000 .00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>100,000 .00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>0 .00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>0 .00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>0 .00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td>0 .00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>1,100,000 .00</td> </tr> </table>			a. Federal	\$	1,000,000 .00	b. Applicant	\$	100,000 .00	c. State	\$	0 .00	d. Local	\$	0 .00	e. Other	\$	0 .00	f. Program Income	\$	0 .00	g. TOTAL	\$	1,100,000 .00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 03/14/03  b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
a. Federal	\$	1,000,000 .00																								
b. Applicant	\$	100,000 .00																								
c. State	\$	0 .00																								
d. Local	\$	0 .00																								
e. Other	\$	0 .00																								
f. Program Income	\$	0 .00																								
g. TOTAL	\$	1,100,000 .00																								
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes    If "Yes," attach an explanation <input checked="" type="checkbox"/> No			18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																							
a. Typed Name of Authorized Representative Thomas J. Lando						b. Title City Manager																				
d. Signature of Authorized Representative			c. Telephone Number (530) 895-4870  e. Date Signed 04/30/03																							

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 Authorized pursuant to  
 Supplemental Appropriation No.  
 02-03 35 and RDA No. 02-03 10  
 approved on 4/15/03

Standard Form 424 (REV 7-97)

Prescribed by OMB Circular A-102



# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> April 23, 2003	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

<b>5. APPLICANT INFORMATION</b> Legal Name: The Regents of the University of California Address (give city, county, State, and zip code): 10920 Wilshire Blvd., Suite 1200 Los Angeles, CA 90024 -Los Angeles County		Organizational Unit: Department of Psychiatry Health Services Research Center Name and telephone number of person to be contacted on matters involving this application (give area code) Eva Weck 310-794-0201 eweck@resadmin.ucla.edu
---	--	---

<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">             95-6006143           </div>	<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="float: right; border: 1px solid black; padding: 2px; margin-top: 10px;">A</div> <div style="clear: both;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;">           A. State            B. County            C. Municipal            D. Township            E. Interstate            F. Intermunicipal            G. Special District         </div> <div style="width: 48%;">           H. Independent School Dist.            I. State Controlled Institution of Higher Learning            J. Private University            K. Indian Tribe            L. Individual            M. Profit Organization            N. Other (Specify) _____         </div> </div>
--	---

<b>8. TYPE OF APPLICATION:</b> <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New           <input type="checkbox"/> Continuation           <input type="checkbox"/> Revision         </div> If Revision, enter appropriate letter(s) in box(es) <span style="border: 1px solid black; padding: 2px 10px;">  </span> <span style="border: 1px solid black; padding: 2px 10px;">  </span> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;">           A. Increase Award            D. Decrease Duration         </div> <div style="width: 30%;">           B. Decrease Award            Other(specify): _____         </div> <div style="width: 30%;">           C. Increase Duration         </div> </div>	<b>9. NAME OF FEDERAL AGENCY:</b> National Telecommunications and Information Administration
---	---

<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">             11-552           </div> TITLE: Technology Opportunities Program	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Building Bridges for Mental Health <div style="border: 2px solid black; padding: 10px; transform: rotate(-5deg); margin-top: 10px; text-align: center;"> <b>RECEIVED</b>            MAY 2 2003            STATE CLEARING HOUSE         </div>
---	--

<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Los Angeles, Los Angeles County, California, and Nationwide	<b>13. PROPOSED PROJECT</b> Start Date: 10/1/03    Ending Date: 9/30/06	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant: California-30 b. Project: California-30
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<b>15. ESTIMATED FUNDING:</b>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>																												
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">a. Federal</td> <td style="width: 10%;">\$</td> <td style="width: 40%;">508,020</td> <td style="width: 10%;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>510,805</td> <td>.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>1,018,825</td> <td>.00</td> </tr> </table>	a. Federal	\$	508,020	.00	b. Applicant	\$	510,805	.00	c. State	\$		.00	d. Local	\$		.00	e. Other	\$		.00	f. Program Income	\$		.00	g. TOTAL	\$	1,018,825	.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 04-23-03 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	508,020	.00																										
b. Applicant	\$	510,805	.00																										
c. State	\$		.00																										
d. Local	\$		.00																										
e. Other	\$		.00																										
f. Program Income	\$		.00																										
g. TOTAL	\$	1,018,825	.00																										

<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No	
--	--

<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>		
a. Type Name of Authorized Representative Eva Weck	b. Title Grant Analyst	c. Telephone Number 310-794-0201
d. Signature of Authorized Representative 		e. Date Signed 4/23/03

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED 04/25/03	Applicant Identifier
Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: NORTH FORK COMMUNITY DEVEL. COUNCIL, Inc.		Organizational Unit:	
Address (give city, county, State, and zip code): P.O. Box 1484 North Fork, CA 93643		Name and telephone number of person to be contacted on matters involving this application (give area code) Barry Vesser (559) 877-2244	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0317248		7. TYPE OF APPLICANT: (enter appropriate letter in box)	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other(specify):		A. State    H. Independent School Dist. B. County    I. State Controlled Institution of Higher Learning C. Municipal    J. Private University D. Township    K. Indian Tribe E. Interstate    L. Individual F. Intermunicipal    M. Profit Organization G. Special District    N. Other (Specify) <u>Non Profit</u>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-307 TITLE: <u>Economic Adjustment</u>		9. NAME OF FEDERAL AGENCY: U.S. Department of Commerce Economic Development Administration	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): North Fork, Madera County, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: North Fork Mill Site Reuse	
13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF:		
Start Date 04/01/04	Ending Date 11/01/05	a. Applicant 19	b. Project 19
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 198,934	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>04/25/03</u>	
b. Applicant	\$ 22,210	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
d. Local	\$ 1,164	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
e. Other	\$ 16,875	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
f. Program Income	\$	a. Type Name of Authorized Representative JOHN BARRY VESSER	
g. TOTAL	\$ 239,633	b. Title EXECUTIVE DIRECTOR	
		c. Telephone Number (559) 877-2244	
		e. Date Signed 04/25/03	

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